AMEDD TECHNOLOGY WORKING GROUP (ATWG) Meeting Minutes 15 November 1999

- A meeting of the AMEDD Technology Working Group (ATWG)
 was called to order at 0900 hours, 15 November 1999 by
 COL Nolan, Chairman in Room 351, Aabel Hall, Army Medical
 Department Center and School (AMEDDC&S), Fort Sam
 Houston, Texas.
- 2. The attendance roster is at Enclosure 1.
- 3. Opening comments: COL Nolan asked everyone to review the 1 Oct TI-GOSC minutes. COL Deffer indicated a correction stating the CIO accepts the lead on Joint Rock Drill. COL Foxhall noted the acronym used for DIN-PACS was incorrect.

COL Nolan asked COL Hassell about charter renewal. COL Hassell will review the charter. Charter is attached at Enclosure TWO. Please review and provide comments. Major General Peake wanted to ask the DSG to join as a formal member.

4. The following topics were presented:

A. Rock Drill - Mr. Barth & CPT Goodrich 1. Rock Drill - Mr. Barth

SUMMARY: The format for the issues has been redone. There are still six issues with incomplete information. Still need lead on Issue #22. The Issue Title (Patient Clinical Data Elements) was discussed regarding the specific implications which suggests the discrete issue

specific implications which suggests the discrete issues is the common data dictionary that CHSCII and other DOD MHS functional systems will use and their integration in the Global Command Control System. The current MHS IM/IT Functional Management Structure CAPT Tibbits briefed at the EP/EC Executive Seminar Oct 99 was shown to the committee. See slide at Enclosure Three. Based on this slide the question was asked regarding the AMEDD Service)POC to (TFSC). COL Deffer indicated BG Kiley sat as the AMEDD POC for the TFSC and she sat at the supporting Colonel level Theater Functional Working Group. The discussion then addressed who were the AMEDD POCs for the Functional Integration Working Groups. The staffing has not been finalized, but COL Sado and LTC Lang have been attending the meetings. The discussion

centered on the differences and/or similarities between the TASM's DOTLMS assessment and MC4 assessments conducted by the PM MC4. It was noted both are similar but perhaps are discretely different. It was noted that both the TASM's DOTLMS assessment and a PM MC4 were both requested by MG Peake to be presented at the next TIGOSC.

ISSUE:
ACTION:

COL Deffer will serve as representative for TFWG and COL Hendricks AMEDD (Service) CIO and representing Master Architect will get with their respective DOD MHS POCs to clarify who specifically is representing the AMEDD (Service) on the various Functional Integration Work Groups.

ISSUE: DOTLMS is missing POC, for three areas;
 Organization; Leader Development, and Soldier/
 Personnel.

 $\underline{\text{ACTION:}}$ TASM is holding a meeting to resolve this before 14 Dec 1999 meeting.

ACTION: COL Tiernan DCDD answered TASM question regarding Organization POC by providing LTC Morris and Mr. Cahill as the DCDD Organization POC.

2. Reserve Component Training - CPT Goodrich

SUMMARY: The mission to train the Reserve Components on MC4 and TMIP involves four areas:

- 1) New Equipment Training Team
- 2) Sustainment Training (CDR's responsibility)
- 3) MC4 Training Working Group
- 4) Need RC NCO/Office to Active Duty (179 days) as SME

There will be a multiday workshop to review these issues and solutions. The PEO, STAMMIS, and COL Gustafson, RC Advisor will attend.

B. Interim IS for MEDLOG Battalions (Ad-hoc Issue) - COL Deffer

SUMMARY: COL Kissane, MEDCOM DCSLOG, presented a case for replacing the current interim IS for MEDLOG Battalions with the CASS-M. He indicated that MEDLOG Battalions were not combat capable/ready as they are currently configured. COL Deffer commented that the MEDLOG Battalions are not reporting this on their Unit Status Reports (USRS). COL Hendricks indicated that a new system should not be fielded within 45 days of the

Y2K event and that Mar 2000 would be more reasonable fielding time. This interim period is forecast to last into 2002 when DMMCS is fielded. COL Kissane indicated that there is a timeline risk for waiting to make a decision. The AMEDD is at risk today, because the system has not been replaced.

<u>ISSUE</u>: Obtaining a replacement system in a timely manner.

ACTION: This will be briefed as a sidebar at the 9 Dec 1999 MC4/TMIP Update given by LTC Crowther. COL Nolan promised decision in FY00.

C. AMEDD Tech Watch - COL Hassell

SUMMARY: MG Parker was going to give the Tech Watch responsibility to areas managers. The TI-GOSC wants to know the process by which this is done. There is a new FOC (Fundamental Operational Concepts document).

D. Joint Contingency Force Update - COL Garrett

SUMMARY: The status of the next exercise was briefed. COL Tiernan raised concerns about multiple testings, as this gets costly. Logistics will be played "out of the box", but shipment of supplies will not occur. Funding remains an issue. DOD, MHS, CIO has taken a budget out of \$100 million, but still has \$380 million.

ISSUE: Funding for testing.

ACTION: COL Deffer will talk to DOD, MHS, CIO and also present to TFSC.

E. Health Systems Functional Proponency/Enterprise Consultancy Update - MAJ Hasewinkle

SUMMARY: There were 17 different briefings, all on their web-site, for the 75+ participants at the conference. MAJ Hasewinkle reviewed the slides and some of the issues that arose. COL Tiernan attended the conference believing the intention was to inform individuals about Functional Proponency and felt the attendees were being asked to make decisions, while still trying to grasp what Functional Proponency is. MAJ Hasewinkle commented on what the results of the survey (16 out of 75) was from the participants. COL Tiernan asked whether the conference was worthwhile to the audience; what participants got out of it; and should it

be held again? Everyone agreed MAJ Hasewinkle should obtain input from attendees in a second survey regarding their thoughts on the conference's objectives. COL Garrett stated that the conference was to recognize the attendees that needed to go to the two-week training; their alternates should also attend the training. He felt this conference was never intended to be a forum for discussing issues.

ISSUE: Evaluation of meeting.

ACTION: MAJ Hasewinkle to resurvey attendees and report back to ATWG.

F. Open Discussion or Additional Topics - AMTV - Mr. Bill Howell

SUMMARY: Mr. Howell asked if the AMEDD will provide the funding for AMTV. COL Tiernan stated that this discussion should first go to CD and MD; it is not ready for the ATWG. COL Nolan stated this issue should be addressed at the next TI-GOSC.

ISSUE: Need in-put.

ACTION: All provide information to COL Deffer no later

than the second week of December.

G. Open Discussion or Additional Topics - Advanced Development Program - Mr. Bill Howell

ISSUE: Update TI-GOSC on ADM.

<u>ACTION:</u> Mr. Bill Howell to brief before two TI-GOSC meetings pass; probably the Feb 00 TI-GOSC.

- 5. Schedule for Next TI-GOSC & ATWG COL Nolan
 - 1) Ad-hoc ATWG 10 Dec.
 - 2) ATWG 20 Jan.
 - 3) TI-GOSC the week of 7 13 of Feb.

Agenda:

- 1) Report Rock Drill Update COL Maschek
- 2) TASM DOTLMS Update COL Maschek
- 3) MC4 Update LTC Crowther
- 4) JCFX Decision Brief COL Garrett
- 5) Tech Watch Update COL Glenn & COL Tiernan
- 6) Joint Rock Drill COL Hendricks
- 7) Charter Update COL Hassell
- 8) PEO Overview COL Hendricks
- Send out charter for review CPT Tibbits & Mr. Rordon.

PEO Overview - CPT Tibbits & Mr. Rordon Synchronization of functional system and TMIP Responsiveness to service timeliness. Tasked to COL Hendricks.

Enclosure 1 - Attendance Roster

The ATWG meeting ended at 1355 hours.

ENCLOSURE ONE ROSTER

ATWG

COL Nolan
COL Hassell
COL Glenn
COL Tiernan
COL Foxhall
COL Gustafson

COL Deffer COL Kissane COL Hendricks

ATTENDEES

COL Garrett LTC Hume

LTC. Crowther MAJ Hasewinkle

CPT Goodrich
Mr. Wayne Barth
Mr. Bruce Reed
Mr. Howell

Mr. Gueller

Ms. Huck

ORGANIZATION

AMEDDC&S-ACFI AMEDDC&S-CHES

MRMC-MISO AMEDDC&S-DCDD MEDCOM-RM

MEDCOM-RC OTSG-OPS MEDCOM-LOG OTSG-IM

ORGANIZATION

AMEDDC&S-SP&FM

AMEDD-IM

OTSG

ACFI, AMEDDC&S DTS, AMEDDC&S AMEDDC&S-TASM AMEDDC&S-TASM MRMC-MSIO

IM/IT, CHES, AMEDDC&S

AMEDD CIO